

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R12/11-04) Indiana Election Commission (IC 3-9-5-14)

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? X Yes No		3	B sendo o la sociation	
COMMITTEE INFORMATIO	N	a familia and the		
Full name of committee (as on Statement of Organization) Check if this is a new	-			
Committee To Re-elect Soma Leerkamp Prusecutor				
		mittee telephone number		
no bechang of more described by American St. Increase St. In to proper year of the bar	7) 844-064	49		
4. Mailing address (address where all campaign finance correspondence is received)		is a new address		
17 woodland Circle		an entiremy sel in a	mer to a set week 17 A	
5. City, state, ZIP code	AND DESCRIPTION OF THE PARTY OF			
Carmel, IN 46032	Rev	ublican		
CANDIDATE INFORMATION (For Candidate)	s Committe	es Only)	· 在一个大大的	
7. Full name of candidate (include any nickname)	8. Party	affiliation or if independent candidate		
Sonia Joan Leekkamp.		publican	Maria St. 1971 A. I	
9. Office sought (Include district number, if any. Not required for exploratory committee.)		unly of residence		
Hamilton Co. Prosecutor	-	imilton .		
TYPE OF REPORT			ON CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:		
	-1-10	Pre-Con		
Final/Disbands Committee (lines 18, 19, and 20 must be "07 Uoutgoing Treasurer (within 10 days amend Statem	ent of Organization) Post-col	riveriuori	
12. Reporting Period: From: 1-1-02 Through: 12-31-02	ripota basil	COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		Year to Date		
14. Cash on hand and investments January 1, current year.	-	1524.18	204 99	
CONTRIBUTIONS AND RECEIPTS			285,99	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	enable hors			
15a. Itemized (use Schedule A)			679448	
15b. Unitemized	obe Amplook 169	esterne from teach	3994.49	
15c. Add lines 15a and 15b in both columns SI	UBTOTAL		16:788,97	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		11.074.96	
EXPENDITURES	4 m	1524,18		
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		150.40	9.701.18	
17b. Unitemized	de america	_	7	
17c. Add lines 17a and 17b in both columns	150,40	9701.18		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	1373.78	1.373.78	
19. Debts OWED BY the committee (use Schedule D)	Jengania	2000 m		
20. Debts OWED TO the committee (use Schedule E)	about les	2000.00		
CENTERATION			TOP OFFICE HOP CHILL	
GERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE COR		FOR OFFICE USE ONLY	
Signature on File	N TRUE, COR	NEO! AND COMPLETE.	0 5 7	
praidcate on litte			5 1	

TVACUTIFICS: Apythiorimation contained in this report that y not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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(CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER				
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Page	2 of 3			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Cicers, IN	Restaurant	BDirect In-Kind Payment of Debt Returned Contribution Other	adfermed gates 2) at nettermes 1 parage. Each	5682.19	12/22/02
		Purpose: Campaign worker Denner	150.40		
Code	Fig.	Direct In-Kind Payment of Debt Returned Contribution Other	Testenco y	Prof Sevial state defends to the b	e Schede D. 1 British Cross
grecores o o opo greenens a sene ost is buent e Brecores en interes green especial est especial do personal, sullan (salan) attrace especial	to the sale	Purpose:			Ten in State
Code	visa	Direct			
A SUBSECTION OF THE PROPERTY O	N 150 T A 200 T A 150	Purpose:		goluciani jes	benefited and di Govern Expendenses Ty
Code	CONTRACTOR OF THE CALL	Direct In-Kind Payment of Debt Returned Contribution Other		~	DO MARKEDO LA LOS CARROLLOS DOS CARROLLOS DOS
		Purpose:		A godinenk or	e consector e Cate consecutive Te
Code		Direct In-Kind Payment of Debt Returned Contribution Other	W DEFENDED OF THE ADDRESS OF THE CONTRACT THE CONTRACT		ed edean out of year policy or polymes are enach
		Purpose:	a fire fire above		MANUA MANUA SIME-II
Code		Direct In-Kind Payment of Debt Returned Contribution Other		Policial Policia Policial Policia Policia Policia Policia Policia Policia Policia Policia Policia Poli	Accepted to the second to the
		Purpose:		D molimed test	T statement !
Code		Direct In-Kind Payment of Debt Returned Contribution Other		SA SERVICE CONTRACTOR OF THE SERVICE CONTRAC	Processors Sparry North
		Purpose:	insilumoo ba	has but called	
	SUB TOTAL THE	S PAGE OF SCHEDULE B	\$ 150,40		
	PAGES OF SCHEDULE B O	N THE LAST PAGE ONLY	\$ 150,40 \$ 150,40		



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(CFA-4 SCHEDULE D) . De itte

ebts	Owed	by	This	Comm
	SHARRES	E	E MILLIAN	250

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Louis J. Levebange Hamilton G. Pros Cff. One H. C. Sq. # 134 Notherly, IN 46060	ADDRESS: Enter the cred tit, a creditor or lender me oney or frings of value to you! Interest. A dabt may by other document show	# 2000.00 Loan to Committee	3/16/98	ø	# _{2000.00}
LENDERS OCCUPATION:	ADDRESS: Enter the fur a debt owed by the come of deliness of the vendor, of re-enter the card is	ME AND MAILING to list the name a column, but do	ENDOR'S N co-endoraen cond debts, dor in this	SER'S OR V co-elgners, mittee credit it each yea	ENDOR makent, For com card, -ll
tenest charged for the lown. Inter he committee and must be report committee and must be reported	icen (principal), not the sted as expenditures by ted as a receipt by the	ctus) amount of the	s, enter the by other tine amount of	It For a lost a loan and a idule B. Tha I A.	AMOUN paid on on Sch Schedul
LENDERS OCCUPATION:	a requires a short descrip "open account," or	PIT Joseph extra propri	Enter the na	of DEBT:	MATURI Committe
LENGERS OCCUPATION	ar that debt owed by the or the committee working charge plan, the	wants, day, and you not	Enter School	ST MOURI ships pon n, the da	DATE DI E Be co the los
LENGERS OCCUPATION:		and being	ed bluow to	ematete tri	201103
ittes credit card transactions.	ne repayment of the sent of the sent of the sent of the smount	periodal sum sus sus sus sus sus sus sus sus sus	ne settiment ne settiment ne do die ce	amount parties at the control of the	by the camendial the total total columns
LENGERS OCCUPATION	deixt owed by the com diene, list the total outs deaction in this column	ading balance of the second se	attiment the country	nomo BA dnue to rep elished. Fo de not ente	ourst co must co is extin issuer.
LENDERS OCCUPATION:	to eggs of this page of	SUB TOTAL TH	IS PAGE OF S	CHEDULE D \$	2000.cc
The state of the s	TOTAL OF ALL (Enter total on I	PAGES OF SCHEDULE D TEM 19 of the Summary S	ON THE LAST (2000.00